UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA			Involuntary Petition	
IN RE (Name of Debtor - If Individual: Last, First, M	Aiddle)	ALL OTHER NAMES used (Include married, maiden,	d by the debtor in the last 8 years and trade names.)	
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all.):		1		
STREET ADDRESS OF DEBTOR (No. and street, code)	, city, state, and zip	MAILING ADDRESS OF D	DEBTOR (If different from street address)	
County of Residence or Principal Place of Business	ZIP CODE		ZIP CODE	
LOCATION OF PRINCIPAL ASSETS OF BUSINE	SS DEBTOR (If different	ent from previously listed add	resses)	
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED				
☐ Chapter 7 ☐ Chapter 11				
INFORMATION REGARDING DEBTOR (Check applicable boxes)				
Name of Debts (Check one box.)		e of Debtor	Nature of Business (Check one box.)	
Petitioners believe: Debts are primarily consumer debts Debts are primarily business debts	(Form of Organization) (Check one box.) □ Individual (Includes Joint Debtor) □ Corporation (Includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entities, check this box and state type of entity below.) □ Health Care Business □ Single Asset Real Estate as defined in 11 □ U.S.C. § 101(51)(B) □ Railroad □ Stockbroker □ Commodity Broker □ Clearing Bank □ Other			
VENUE		FILI	NG FEE (Check one box)	
 Debtor has been domiciled or has had a residence, principal place of business or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this District. 		□ Full Filing Fee attached □ Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. [If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]		
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)				
Name of Debtor	Case Nu	mber	Date	
Relationship District			Judge	
ALLEGATIONS (Check applicable boxes) 1. Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b). 2. The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		THIS SPACE FOR COURT USE ONLY		

Involuntary Petition	Name of Debtor			
TRANSFER OF CLAIM				
Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).				
REQUEST FOR RELIEF				
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.				
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.				
X	X			
Signature of Petitioner or Representative (State Title)	X	Date		
Name of Petitioner Date Signed	Name of Attorney Firm (If any)			
Name & Mailing Address of Individual Signing in Representative Capacity	Address			
	Telephone No.			
X	X			
Signature of Petitioner or Representative (State Title)	Signature of Attorney	Date		
Name of Petitioner Date Signed	Name of Attorney Firm (If any)			
Name & Mailing Address of Individual Signing in Representative Capacity	Address			
	Telephone No.			
×	X			
Signature of Petitioner or Representative (State Title)	Signature of Attorney	Date		
Name of Petitioner Date Signed	Name of Attorney Firm (If any)			
Name & Mailing Address of Individual Signing in Representative	Address			
Capacity	Telephone No.			
PETITIONING CREDITORS				
Name and Address of Petitioner	Nature of Claim	Amount of Claim		
Name and Address of Petitioner	Nature of Claim	Amount of Claim		
Name and Address of Petitioner	Nature of Claim	Amount of Claim		
Note: If there are more than three petitioners, attach additional she perjury, each petitioner's signature under the statement and the information in the format above.		Total Amount of Petitioners' Claims		

_____ Continuation Sheets attached